Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				cation Number	10/829,59			
FEE TRANSMITTAL				Application Number         10/829,594           Filing Date         4/22/2004				
For FY 2009				Named Inventor	Ken-Jen Yu			
Applicant claims small entity status. See 37 CFR 1.27				2 22 20 2 100 22 22 1 22 1 22 1 22 1 22		Christine D. Hopkins		
				Art Unit 37		- Table		
TOTAL AMOUNT OF PAYMENT (\$) 350,00				Attorney Docket 3744 - 04		43984		
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  Charge any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES								
Small Entity Small Entity Small Entity								
Application Type Utility	Fee (\$) Fee (	<u>Fee (\$)</u> 540	Fee (\$) 270	<u>Fee (\$)</u> 220	Fee (\$) 110	Fees P	<u>aid (\$)</u>	
Design	220 110	100	50	140	70	No. of the latest the		
Plant	220 110	330	165	170	85	<del></del>		
Reissue	330 165	540	270	650	325	000000000000000000000000000000000000000		
				0	0			
1101010101								
2. EXCESS CLAIM FEES Fee Description Fee (\$)							Small Entity Fee (\$)	
Each claim over 20 (including Reissues) 52							26	
Each independent claim over 3 (including Reissues)  220							110	
Multiple dependent claims 390						195		
1		ra Claims Fe	ee (\$)	Fee Paid (\$)		Multiple De	ependent Claims	
<u> </u>	20 =	0 x		0		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims -3	$\frac{\text{or HP}}{3} = \frac{\text{Ext}}{}$		ee (\$)	Fee Paid (\$) \$220		***************************************		
HP = highest number of in			-20 =	φ220				
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round <b>up</b> to a whole number) <b>x</b> =								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): One-month Petition for Extension of Time							\$130.00	
SUBMITTED BY								
Signature	Will!	Found		egistration No. (ttorney/Agent)	22,132	Telephone 41	12-471-8815	
Name (Print/Type)							Date July 14, 2009	